Meeting Summary

eHealth Technical Working Group
March 17, 2010 11:00AM-12:30PM

Quorum

Quorum was achieved.

Approval of Meeting Summary

Rim Cothren made the motion, which Jen Herda seconded, to approve the meeting summaries from 2/24, 3/3, and 3/10. There being no objections, the summaries were approved.

HIE Summit Meeting Update

There was a good exchange of ideas at the meeting, with a high level of engagement by those in attendance. While many comments were made and questions answered, no dramatic disagreements or new issues were raised. Some of the interesting points made at the meeting which pertain to the Technical Architecture include:

- The existence of formal opposition by the ACLU to a state-endorsed "opt-out" policy, as well as "opt-out" pilots of any sort. Lucia Savage pointed out that this position was made clear by the ACLU in November.
- Sustainability
    - There was some difference in opinion around whether providers would be willing to pay for HIE Services, with arguments heard on both sides.
    - Taxes and/or fees are a potential funding mechanism that should still be considered.
- There was some confusion about the meaning of the term "Provider" in "Provider Directory Service," with some people in attendance believing this to be synonymous with "Physician." At the summit meeting, a suggestion was made to replace "Provider" with a different term. The question was put before TAC, which felt that it would be best to simply make sure that the term is clearly defined in the Operational Plan.

Activities and focus of TWG in upcoming weeks

At the summit meeting, Jonah Frohlich mentioned that the workgroups would not be meeting during the month of April, since this would be a transitional period during which Cal eConnect will be assuming its duties as the Governance Entity. Beyond this, there has not been any specific guidance from CHHS about what TWG should focus on over the next couple of weeks before the Operational Plan is submitted to ONC. In the near term, Walter stated that any significant issues raised during the public comment period about the Technical Architecture will be discussed within TWG as needed. Also, the group will be invited to edit and/or comment on additional language that needs to be drafted as part of the Technical Architecture concerning alignment with the NHIN as well as an outline for a deployment plan.

It was confirmed with Jonah during the call that the discussion lists would remain open beyond 3/31, so that TWG could continue discussing issues even though it would not be meeting regularly in April.

Update from TAC

At the TAC meeting on 3/16, there was discussion of, and agreement upon, the inclusion of several non-core Services in the Technical Architecture to be considered pending further refinement of the operational plan beyond 3/31. Among these are:

- "Secure Messaging" – this service was suggested by the Patient Engagement workgroup
- "Referral Scheduling" – this service was suggested by the Vulnerable and Underserved workgroup
- Patient Identification – the appropriateness of a discrete patient identification service will depend upon the patient identification requirements of other non-core services
- Eligibility Determination – a centralized eligibility determination service of some sort was discussed during the 3/16 TAC call.

There are two non-core services which, based on TAC's prioritization, will be included in the Technical Architecture as being currently planned. TWG will focus on these.

- Lab routing and ~~translation~~ transformation service – Rim made the point to clarify that what has been prioritized by TAC is a service to do data transformation, rather than language translation.
- Clinical summary routing and transformation service for non-certified EHRs and other systems (e.g., PHRs) – this service was suggested and supported by TAC on 3/16, stemming from a desire to support bidirectional information exchange between "meaningful users" and "non-meaningful users" (e.g., those who are not qualified for meaningful use incentives and thus may not have certified EHR technology).

TAC is also continuing its process to develop business requirements for prioritized services, although the schedule for completion of this work has been pushed back. It is also unclear at this point what TWG should expect as output, since the original business matrix templates may not end up being used.

Discussion of suggested changes to Technical Architecture diagram

Dave Minch recently submitted proposed changes to the Technical Architecture diagram. Please see diagram on the TWG project space for details. The group discussed this proposal at some length. Dave made the following points:

- From a practical standpoint, small organizations (e.g., small physician practices, hospices) will have difficulty connecting directly to CS-HIE shared services given their limited technical capabilities. Not only are they likely to have connectivity difficulties, but also difficulties meeting the privacy and security requirements for HIE due to a lack of robust infrastructure. In reality, it is likely that they will connect to CS-HIE services via EHR vendors with HIE capabilities (e.g., offerings by Epic, Cerner, NextGen) or HIE vendors offering EHR services (e.g., RelayHealth). Thus, it would make sense in the diagram to replace the direct connections between principals and the CS-HIE cloud with connections that are mediated by these vendors.
- If the above is accepted to be the case, then this simplifies the Core Services that must be supported.
    - This obviates the need for a CS-HIE Health Record Correlation Service, since this could be assumed to be handled by the large organizations that are directly connected, including the HIE/EHR vendors through which small organizations would connect.
    - This may make the CS-HIE identity service unnecessary, since all identity management could be assumed to be handled by the organizations that are directly connected, including EHR vendor networks and HIE vendor networks.

- An assumption is being made here that all providers will use EHR systems (most likely, SaaS-based) that are capable of HIE and meet all of the privacy and security requirements necessary to do so. It could also be the case that providers sign up with HIE vendors that have a certified EHR offering. To ensure that this is dependency is met, it is assumed that the Governance Entity will require all certified EHRs to be capable of engaging in HIE and meeting the associated privacy and security requirements.

The following points were raised in response to this proposal:

- Scott Cebula expressed the concern that making the suggested changes would presume or limit what a small practice may or may not be able to do. While he agreed that the preponderance of small organizations would indeed connect to the CS-HIE cloud via an intermediary, he suggested that there could be some organizations that have the infrastructure and wherewithal to connect directly using a non-commercial product and to meet the privacy and security requirements.
- Walter made the point that different kinds of entities, including large enterprises, could choose to connect via an HIO. He proposed keeping HIOs under the "Other HIE Services" box on the right in the diagram for this reason, which Dave agreed with.
- There was preliminary discussion about adding an additional entry in the "Other HIE Services" box to substitute for the HIE/EHR vendors represented by the yellow cloud in Dave Minch's diagram, which Dave supported. Some ideas included "EHRs", "EHR vendor network", "Vendor network", and "Community network".

Some comments were made by participants about the proposed removal of the Health Record Correlation Service.

- Dave Minch observed that most EHR vendors are technically capable of providing a community MPI. Anthony Stever replied that EHR vendors may charge so much for establishing a community MPI as to make the feature financially impractical for providers to purchase. For example, to enable this feature in Mendocino for community clinics, NextGen wanted $250k up front, and $70k annually for maintenance.
- Rim Cothren noted that the Health Record Correlation Service is not well-defined in the Technical Architecture, and that feasibility of such a service at the state level is still a matter to be decided.
- Walter reminded the group that TWG had decided not to pursue a patient identity solution as a discrete service at this time, and that the TAC had agreed to remove the service from the list of Core Services, instead characterizing it as a service to be considered in the future.

Pertaining to the question of whether the Provider Identity Service would be needed, the following points were made:

- Rim stated that the requirements of Medi-Cal for authentication of individual providers need to be understood in order to determine if, among other things, a separate provider identity service would be necessary. Ben Word reported that he has had preliminary internal discussions on the issue, and stated that Medi-Cal was concerned not only with authentication but also with authorization, and that additional discussions would be needed to determine an appropriate strategy and/or policy. Thus, the question of direct individual-level authentication still remains open.
- Dave Minch observed that security best practices are that the individual provider would best be authenticated by the organization with which the provider is affiliated rather than by a 3rd party identity service (such as the Provider Identity Service). Walter reminded the group that the

Provider Identity Service is an optional service the purpose of which is to serve as a trusted authentication mechanism for principals whose legal entities would otherwise not be trusted by potential data trading partners.

Summary of Key Questions/Issues/Decision Points:

- It was confirmed with Jonah during the call that the discussion lists would remain open beyond 3/31, so that TWG could continue discussing issues even though it would not be meeting regularly in April.
- Based on input from TAC received to date, TWG will focus on the design of a lab results routing and transformation service, followed by a clinical summary routing and transformation service.
- Pertaining to Dave Minch's proposed edits to the Technical Architecture diagram:
    - HIOs will remain depicted in the "Other HIE Services" box on the right side of the diagram.
    - Placing EHR vendor- and HIE vendor-supported HIE services in the "Other HIE Services" box is a possibility.

Next Steps:

- The public comment period will close on 3/22. Comments will be collected and relevant ones discussed at the next TWG meeting.
- The Technical Architecture diagram with Dave Minch's proposed changes will be posted on the TWG project space for member review and comment.
- The next TWG meeting is scheduled for 3/24. This will be the last time TWG meets until further notice.

Members Present

Dave Bass	CA Dept. of Health Care Services
Basit Chaudhry	National Coalition for Health Integration
Scott Christman	CA Dept. of Public Health
Paul Collins	CA Dept. of Public Health
Robert("Rim") Cothren	Cognosante, Inc.
Jen Herda	Long Beach Network for Health
Kathryn Lowell	CA Business, Transportation and Housing Agency
Dave Minch	John Muir Health System
Steve Saunders	LA County Dept. of Health Services
Anthony Stever	AWS Consulting / Redwood MedNet
Jim Thornton	MemorialCare
Ben Word	CA Dept. of Health Care Services

Staff Present

Name
Walter Sujansky
Tim Andrews
Peter Hung